FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K08196 (3)

1. Corporation Name
DAVE'S QUALITY SERVICES, INC.

Principal Place of Business	Mailing Address
1823 PICCADILLY CIRCLE CAPE CORAL FL 33991 US	1823 PICADILLY CIRCLE CAPE CORAL FL 33991 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987

4. FEI Number: 65-0017218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEIDIG, MARK
3716 S.W. 7TH PLACE
CAPE CORAL FL 33914

Delete

10. Name and Address of New Registered Agent

81 Name: DAVID GYDOSH
82 Street Address (P.O. Box Number is Not Acceptable): 1823 Piccadilly Circle
83 Cape Coral FL
84 City: FL 85 Zip Code: 33991

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DAVID GYDOSH pres. David Gydosh DATE: 3/11/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GYDOSH, DAVID		1.2 NAME		
STREET ADDRESS	1403 SW 15TH TERRACE		1.3 STREET ADDRESS	1823 Piccadilly Circle	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GYDOSH, BONNIE		2.2 NAME		
STREET ADDRESS	1403 S.W. 15TH TERR		2.3 STREET ADDRESS	1823 Piccadilly Circle	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Cape Coral, FL, 33991	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLASSETTI, MICHAEL		3.2 NAME		
STREET ADDRESS	2006 SW 7TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE		☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Heidig Mark		4.2 NAME		
STREET ADDRESS	3716 SW 7th PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	Cape Coral, FL 33914		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Gydosh VP 3/12/98 (941) 283-5153